**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZATION	
1 Ortivi 1	(See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
TREA Senior (	Citizens League, Inc. Political Action Committee (TSCL-PAC	?
ADDRESS (number and	909 North Washington Street	
(Check if address is changed)	Suite 300	<u> </u>
	Alexandria	VA 22314 - 111
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	analyst@tsclhq.org	
COMMITTEE'S WED	DAGE ADDRESS (LIDL)	
	PAGE ADDRESS (URL)  http://www.seniorsleague.org/	
(Check if address is changed)	intp://www.semorsieague.org/	
2. DATE 1.1	1 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00327064	
4. IS THIS STATEM	IENT NEW (N) OR X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct a	nd complete
•		'
Type or Print Name of	Treasurer Mr. Michael Lee Watson	
Signature of Treasurer	Electronically Filed by Mr. Michael Lee Watson	Date 03 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing this Sta	tement to the penalties of 2 U.S.C. S437g.
	ANY CHANGE IN INFORMATION SHOULD BE REPORTED	WITHIN 10 DAYS
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530	